

## Community-Based Primary-Care Clinic Grant Program

**\*Application deadline: Applications must be submitted electronically by Friday, March 15, 2013. Please submit application to [agerman@kdheks.gov](mailto:agerman@kdheks.gov) and [pbehnke@kdheks.gov](mailto:pbehnke@kdheks.gov) or fax to 785-296-1231\***

### Program

Clinics applying for state Community-Based Primary Care Grant Program funding must serve as "safety net" clinics in their communities.

Applicant clinics must be not-for-profit or publicly-funded clinics providing at least primary medical and/or dental care services (or planning to provide at least primary care medical and/or dental services for clinics not yet in operation). Only clinics that are working toward becoming a patient-centered medical and/or dental home for their patients are eligible for funding. Funded projects must have a policy of non-discrimination in the provision of health care services, including *but not limited to* race, ethnicity, religion, or national origin.

Clinics must provide services in their service area regardless of ability to pay, including a discounted fee schedule (sliding scale) with reasonable charges for uninsured individuals below 200 percent of the federal poverty level. The discounted fee schedule must be in writing, and information must be publicly posted to ensure that patients are aware of its availability. Patients below 100 percent of the federal poverty level should be charged only a nominal fee or receive free care. Patients above 200 percent of the federal poverty level may be charged the full fee for services. Information on developing a discount fee schedule is available at the following website:

<http://nhsc.hrsa.gov/sites/becomenhscapprovedsite/eligibility/discountfeeschedule/feescheduleform.pdf>

Kansas statute (65-1648) requires that the distribution and control of prescription medications at indigent health care clinics and federally qualified health centers occur under the supervision of a pharmacist in charge. Information about these requirements and the necessary forms and materials can be obtained from the Kansas State Board of Pharmacy.

### Funding

Applicants for the Community-Based Primary Care Grant Program are required to provide support that meets the match requirement of one dollar for each one dollar of state funding awarded through this program. This match may come from non-cash donation, in-kind services, or clinic expenditures.

Awards are contingent upon the availability of funding. Geographic considerations may be taken into account when making award decisions.

Funding decisions will take into account the following three areas:

- Local Community—Community need and collaboration among local resources;
- Clinic Overview—High-quality and comprehensive provision of care; and
- Clinic Response—Sound proposal to meet community need.

Primary Care Clinic Program funding may be used for salaries, contracted professionals and services, utilities, and supplies. Funding areas include general primary care, prescription assistance, and dental assistance. This application process is for all three funding areas.

**General Primary Care** funding may be used to provide access to medical, dental, or other health-related services for clinic patients.

**Prescription Assistance** funding may be used to provide access to pharmaceuticals and pharmaceutical supplies for clinic patients.

**Dental Assistance** funding may be used to provide access to dental services for clinic patients.

Funding may not be used to purchase capital equipment or other capital expenditures.

Fiscal control and fund accounting procedures must exist to assure the proper disbursement and accounting of funds for the state community-based primary care clinic grant. Bookkeeping accounts should be established and maintained reflecting all services, charges, receipts, obligations, and revenue, including non-cash contributions and disbursement of grants and local funds. The applicant is fully responsible for providing workers' compensation, unemployment insurance, and Social Security coverage. The applicant is also responsible for income tax deductions and for providing any benefits required by law for those employees who are employed using community-based primary care clinic grant funds.

A yearly audit of the clinic's operations by an outside entity is strongly encouraged. All clinics receiving state funds must at minimum have a fiscal report performed by an outside fiscal entity at the end of each grant year. Clinics must submit a copy of this fiscal report or audit with auditor's management letter and clinic response to KDHE within twelve months of the end of the fiscal year.

Additional program and/or revised budget information may be requested after funds are awarded and prior to issuance of the contract to ensure that all KDHE requirements are met.

**Use of data in the application process:** Data for calendar year 2012 will be used in determining grant awards. Clinics that currently receive Community-Based Primary Care Grant Program funding (SFY 2013) must submit data through the online Quality Reporting System Tool (QRS) to be in compliance with their SFY 2013 grant.

It is important to provide the requested data according to the standards and definitions outlined in the CRT User Manual, available on the Quality Reporting System (QRS) website. Clinics should strive to provide all of the requested data. If the clinic is not able to do so, it should be noted in the appropriate area of Quality Reporting System (QRS) and reported to the Kansas Association for the Medically Underserved.

Clinics that have not previously received Community-Based Primary Care Grant Program funding and that do not currently submit data through the online Quality Reporting System (QRS) should discuss this when they contact the Primary Care Office to discuss applying for funding as a new applicant.

### **Program Narrative**

The narrative includes three sections: **Local Community, Clinic Overview, and Response**. Sections A and B of the narrative will be returned for updates/revisions to the clinics that have previously applied. Section C will need to be newly completed by all clinics. In order to reduce the duplication of answers, please read all questions before completing the narrative.

### **Guidance on Written Agreements and Letters of Support**

Previously submitted written agreements and letters of support have been kept on file for distribution to reviewers. A list of the items on file will be sent out with application information. Clinics need to submit only new written agreements or letters of support as part of their application. Clinics should have a written memorandum of agreement and/or letter of support on file with each partner agency that contributes significant non-cash donations or in-kind services. Please scan and submit copies of all relevant agreements and/or letters, which have not been previously submitted to KDHE, with this grant application or fax copies to 785-296-1231.

## Guidance on Supplementary Materials

Please submit any new or modified documents from the list below:

- a. A copy of the clinic's signed bylaws and current board membership. Previously submitted bylaws only need to be resubmitted if they have been revised or changed.
- b. A copy of the clinic's most recent audit or fiscal report performed by an outside fiscal entity. Include the auditor's management letter and the clinic's response, if any.
- c. A copy of the clinic's schedule of discounts and sample charges and their reductions under this schedule for routine appointments and clinic services. Previously submitted schedule of discounts and sample charges only need to be resubmitted if they have been revised or changed.
- d. Any other supplementary materials which would be helpful for reviewers. These materials should be referenced in the appropriate area of the narrative.

## Grant Evaluation and Review

Applications are evaluated for completeness by Primary Care Office staff. An objective review committee then evaluates each grant application and provides recommendations regarding grant awards. Recommendations are based upon each clinic's submitted application and its annual data submission Quality Reporting System (QRS). The objective review committee will be made up of representatives of the Kansas Department of Health and Environment, other state agencies, stakeholder organizations, and other experts who do not have a vested interest in any applicant organization. After the objective review committee makes its recommendations, they are submitted to the Secretary of Health and Environment.

## Scoring of Applications

The objective review committee will score the applications in the following way:

**Local Community** - Total-20 points  
Narrative (20 points)

**Clinic Overview** - Total-50 points  
Narrative (30 points)  
Clinic Data (20 points)

**Response** - Total-30 points  
Narrative (30 points)

While there are no points awarded specifically for the Application Budget, it will be assessed by Primary Care Office staff to ensure compliance with program guidelines.

## Reporting Requirements

Quarterly certified Affidavit of Expenditures and an annual submission of data into Quality Reporting System (QRS) of activities toward objectives per the award.

## Program Contact

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